



STATE OF WASHINGTON
WASHINGTON STATE BOARD OF HEALTH
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January 14, 2004

TO: Washington State Board of Health Members

FROM: Don Sloma, Executive Director

RE: **DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAL ASSISTANCE ADMINISTRATION STRATEGIC PLAN**

Background and Summary

The Medical Assistance Administration (MAA) within the Department of Social and Health Services (DSHS) is developing a strategic plan for the years 2006 to 2011. Bill Hagens, MAA's Strategic Planning Coordinator, presented information about this effort to the Board at your December meeting, seeking input. At that time, he stated that MAA's deadline for response is January 30, 2003 and information about the process is available at <http://imaa.dshs.wa.gov/Strategy/default.aspx>.

At the December meeting, the Board asked staff to draft and circulate by email among Board members a statement summarizing the Board's views on the themes mentioned in MAA's request for input. Board members agreed to comment on the staff draft and to be prepared to consider its adoption, as modified, at the Board's January meeting.

Board staff prepared the attached draft statement based on Board discussion at the December meeting, the Board's policy research, and other discussions of these issues over the past few years. In so far as staff was able, the attached draft reflects specific comments made by board members.

Several additional changes were made to this draft statement since it was released to the public on Friday, January 9. They are noted on the draft. Deleted language is stricken out and new language is underlined. Some changes reflect suggestions by Dr. Gray to clarify preventive interventions do not always save costs. They appear on pages 2 and 3. Other changes were made on pages 3 and 4 to the discussion of substance abuse, based on information received earlier this week.

The following briefly summarizes the main points in the six-page draft statement attached:

The attached draft statement supports MAA's proposed strategic themes. It emphasizes the importance of improving health status using evidence based health services as a primary theme, pointing out that a strong and adequately financed public health infrastructure is essential there. The draft asks for consideration of special funding for epidemiological work and other public health work focused on Medicaid clients, since they bear a disproportionate burden of many prevalent diseases. The draft further suggests priority be given to certain personal health services identified in the Board's policy development work on access to critical health services, children's clinical preventive care and more.

The attached draft specifically cites DSHS's successful experiments in disease management and encourages their proliferation into standard practice. It cites DSHS's own studies on the cost offsets to the Medicaid budget from making needed mental health and substance abuse services more available to Medicaid clients and strongly urges improvements there. It specifically suggests that receipt of clinical preventive services for children, as now paid for through the EPSDT program should be the goal – not just payment for any services that might be provided. It suggests additional health related accountability from schools for Medicaid funds. The draft also suggests that US Clinical Preventive Services recommendations be followed for adults as well.

The attached draft suggests that racial and ethnic diversification of the health care workforce be pursued more aggressively as ways to ensure a competent, credible, and creative health workforce. It restates the Board's recommendation to DSHS contained in the Board's 2001 health disparities report that DSHS use Medicaid GME funds to promote this needed diversity.

The attached draft supports MAA's proposed strategic planning theme of aligning its actions more closely with community partners and health providers. It suggests that MAA may be in a position to learn by viewing the state-local and local-community partnerships that have developed in our state's public health system. It suggests MAA carry this theme forward by moving away from a model of command and control regulation and toward one of mutual respect, trust, and shared accountability for health outcomes.

Recommended Board Action

Motion: The Board approves the attached statement "Comment on DSHS/MAA 'Guiding Themes' for Strategic Planning" and directs its transmittal to DSHS.